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Should You Worry About Heart Disease?

A radio discussion over WGN and the Mutual Broadcasting System

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Should You Worry

About Heart Disease?

MR. BUCHANAN: Should you worry about heart disease?

DR. COBURN: No, I think it is unwise to worry about heart disease. A person should let his physician do his worrying about heart disease.

DR. FREEMAN: Yes, I think we should worry about heart disease, but we should be careful how and when we worry.

DR. FENN: No, I don't think you should worry about heart disease, but I think everyone should think about it a lot—and now.

* * *

MR. BUCHANAN: People—young and old—are always startled when heart disease takes the life of a friend, or when a heart attack “slows down” the activity of someone they know. We all wonder just how vulnerable *we* are to heart disease.

What does the prevalence of heart disease have to do with you? Can it be avoided? Can it be cured? Should you worry about heart disease?

Dr. Coburn, you say that the things we worry about usually aren't very important. Do you mean, then, that heart disease is not important to us?

Worry Doesn't Help

DR. COBURN: No, heart disease is certainly of first importance, but it is quite possible that one can worry about heart disease and not *have* heart disease.

When one goes on a motor trip, he does not worry about his car's oil pump; he just has his car checked before he goes. It is wise to have a checkup; and if your physician says that everything is all right, then there is no use in worrying about whether the pump—the heart—is going to behave right or isn't going to behave right.

MR. BUCHANAN: Dr. Freeman, you, however, seem very much concerned about heart disease and its relationship to modern living. Do you disagree, then, with Dr. Coburn?

DR. FREEMAN: Sometimes you check your pump after it is badly worn out.

There were 600,000 deaths from heart disease in this country last year. Four million persons in this country have heart disease now. There are approximately 2,000,000 instances in the country at the present time of individuals who have had attacks of coronary heart disease.

These are all reasons why we should worry about heart disease. Every parent should be concerned whether the children have heart disease from rheumatic fever. Every adult more than 40 has a fair chance of dying of heart disease. And every doctor has an especially good chance to be a victim of heart disease.

Public Must Help

MR. BUCHANAN: That certainly sets me to thinking, and, Dr. Fenn, you say we all should be thinking about heart disease. But what good is just thinking about the problem going to do?

DR. FENN: For the past 25 or 30 years considerable progress has been made in the study of heart disease, the management of heart disease, and, in some cases, the cure of heart disease. This has all been carried on by physicians and allied groups. They have gone as far as they can without some help, so it is time for the public to begin thinking about the problem and to begin giving some help.

MR. BUCHANAN: I would like to go back to your figures, Dr. Freeman, about heart disease and its prevalence. Is the occurrence increasing? How do

these figures compare with previous years?

DR. FREEMAN: The incidence of heart disease is increasing. The basis of the increase is several-fold. There are improvements in diagnosis which are partially the basis for the increased recognition of heart disease. The average life expectancy is, at the present time, approximately ten years longer than it was in 1920. The longer people live, the more likely they are to have heart disease.

MR. BUCHANAN: You mean, as we grow older we naturally fall prey easier to heart disease?

DR. FREEMAN: That's true.

DR. COBURN: I think the increase of heart disease in older age groups is to be expected. I think the important increase in the younger age group is almost entirely—at least about 80% of rheumatic heart disease—due to better diagnosis. I doubt whether rheumatic fever is more prevalent now; the last two or three years it seemed to be a little less prevalent. But, as you know, it is cyclic, and we can expect in a few years to have another bad period of rheumatic fever. I think, as we can diagnose rheumatic fever now, we will have a higher incidence of rheumatic heart disease due to better diagnosis.

MR. BUCHANAN: What about vocational fields? Dr. Freeman, you mention doctors. And how about those who live a tense life? Are they more likely to suffer from heart disease, Dr. Fenn?

Urban vs. Rural Living

DR. FENN: I think they are, although I would not like to give the impression that this factor is the sole cause of heart disease in later life. It is a fact, however, that heart disease is much more common in urban communities than it is in rural communities. Therefore, there must be something in that sort of life that tends toward the development of heart disease earlier than it would otherwise develop.

MR. BUCHANAN: Is this true, 'though,

of all living? If I set out to protect myself, should I avoid running for busses and getting into the various scrapes that one does in the big city? Should I go to a farm and milk cows and pitch hay?

DR. FENN: That wouldn't insure you against having heart disease. As I said before, that is not the sole problem involved. There are many other factors; some of the other factors we don't know about we are trying to discover. If you go on the premise that leading a mild and comfortable life is going to save you from acquiring heart disease later in life, you are mistaken.

MR. BUCHANAN: Is there anything I can do as a general protection, Dr. Freeman? Should I avoid anything so that I can, in turn, avoid heart disease?

DR. FREEMAN: There are certain associations that have been recognized. For example, overweight has been accepted as a contributory factor to heart disease by most authorities. You should get enough rest and relaxation, avoid chronic fatigue. And there are also certain particular diseases, for example, diabetes, that seem to contribute particularly to the development of heart disease.

Varieties of Heart Disease

DR. FENN: You gentlemen are overlooking the fact that there are several varieties of heart disease. We are now concentrating, apparently, on the degenerative types that occur in later life. I would like to point out that there are other types of heart disease.

MR. BUCHANAN: What are some of these types?

DR. FENN: Heart disease is the reaction of a tissue of the body, that is, the heart and the blood vessels to a variety of agents.

Now one may, beginning chronologically, have congenital heart disease, which means there has been a defect in development. Things haven't developed in the proper fashion and so leave some defect there.

If you were fortunate enough to be born with a sound heart and blood vessels, then you may *acquire* heart disease. If you acquire heart disease early in life, then you will get rheumatic heart disease, as Dr. Coburn will tell you.

After you have had rheumatic heart disease, you may get bacterial endocarditis, which isn't the scourge that it once was of course.

MR. BUCHANAN: I am a little lost in medical terms. I won't even attempt to pronounce it. Perhaps you could tell us what it was—bacterial endocarditis?

Covers Big Field

DR. FENN: Bacterial endocarditis. That does roll well off the tongue, doesn't it. It doesn't mean much, perhaps, to some people. It is really an infection of the heart, an infection on the inside surface of the heart or on a valve of the heart. It is analogous to a blood poisoning.

And, after one gets beyond those hazards, one runs into the older age group, the middle age group heart diseases, etc. One runs into syphilitic heart disease, which shouldn't occur anymore. We can't of course, keep people from getting syphilis, I suppose, but we can keep them from getting syphilitic heart disease, if they get under treatment early enough.

Then there is high blood pressure heart disease. And then the arteriosclerotic group that comprises most of these coronary diseases which Dr. Freeman was talking about. So you see, when you say "heart disease", you are covering a big field.

MR. BUCHANAN: What is the difference between a coronary heart disease and some other types?

DR. FENN: The coronary arteries are the arteries that nourish the heart muscle, and it is very important that the heart muscle be well nourished. If some disease of the coronary vessels interferes with the nutrition, with the blood supply to the heart muscle,

of course the heart suffers. And that is extremely dangerous.

MR. BUCHANAN: Is it analogous to starvation of the human body? The heart doesn't get enough to keep going?

DR. FENN: That's right.

MR. BUCHANAN: You mention rheumatic fever, Dr. Coburn, and I know that is your special field. Is rheumatic fever a disease like tuberculosis?

Rheumatic Fever

DR. COBURN: It seems to be a disease entirely unto itself. It involves both an infection and a response of the human host to the infection. If I had to compare it to a disease with which you would be completely familiar, I would pick hay fever. Now, the reason I do that is this: In August we will have here in Chicago a great deal of ragweed pollen in the air. All of us will breathe that pollen, but only a small percentage of us will react to that pollen with the symptoms of hay fever. Likewise in February and March of this year many of us will be infected with respiratory tract diseases. Some of us will get streptococcal infections. A small percentage of us who get streptococcal infections will react two or three weeks later by developing this disease which we call rheumatic fever. For comparison's sake, I would like to associate it in your mind with the reaction of a person to an antigen. In this case it is a bacterial product. In the case of hay fever it is the product of a plant.

MR. BUCHANAN: Is this important all through life, or just in childhood? Could we compare it to measles, which attacks mostly children, or is it an adult disease?

DR. COBURN: It usually begins fairly early in life, around the age of six. It is most severe in children and young adults. But the disease has one unfortunate characteristic. It is recurrent—not every year, perhaps, because we are not infected every year, but the expectancy is for recurrence.

DR. FENN: Dr. Coburn didn't mention the fact that rheumatic fever always affects the heart, and the heart never recovers from what has happened to it. When there is some scar put on the heart by rheumatic fever, that scar is carried on into the young adult life, middle life, as long as the individual lives. I think, Mr. Buchanan, that perhaps you had this fact in mind when you asked whether rheumatic fever was analogous to measles or diphtheria or something of that sort. When you recover from one of those diseases, you are usually through with it; with this thing you always carry the scars.

MR. BUCHANAN: That is, you get over the disease itself, but your body is weakened, your heart is affected. Do you continue through life this way?

Disease Recurs

DR. COBURN: That's right. You do not get second attacks of measles or mumps, but you get many attacks of rheumatic fever. Most people who get rheumatic fever don't die in the first attack.

DR. FREEMAN: Isn't it true, Dr. Coburn, that many times the activity of the disease may persist even though the person seems to be in relatively good condition?

DR. COBURN: That's right.

MR. BUCHANAN: I would like to know the symptoms and characteristics of this disease. Dr. Fenn, could you tell me how I would know if I were affected by this rheumatic fever?

DR. FENN: I dislike to discuss symptoms. In the first place, there is no symptom of any disease that cannot be produced by some other disease. If I began talking about symptoms, I am sure that about 10% of the population listening would have those symptoms before the program was over. There are well recognized symptoms of rheumatic fever, and they can be discerned by an individual who is properly trained. But I dislike to discuss symptoms for the reason I have expressed.

MR. BUCHANAN: You mean, as soon as I find out that something may be a symptom, I think I have it, and soon I am worried about rheumatic fever when there is no cause to worry?

DR. FENN: That's right.

Rheumatic Fever Symptoms

MR. BUCHANAN: How do we know about rheumatic fever, 'though, Dr. Coburn? May I have it now and not be aware of it?

DR. COBURN: Yes, it is possible to have rheumatic fever and not be aware of it. A good many rheumatic attacks are insidious at the onset, and that is particularly true in children. I think if *you* had it, Mr. Buchanan, you would know about it, because you would probably have pains in your muscles and joints and feel unwell. But in children, particularly younger children, it is perfectly possible to have rheumatic fever for weeks or months with just a poor appetite and a little loss of weight. And, unless the child is examined by a physician, he may be going to school with active disease which we call rheumatic fever.

MR. BUCHANAN: It seems, then, the best move against this disease would be to have an examination by a competent physician. Is that a logical answer?

DR. COBURN: I think a child certainly should be checked up by his physician at frequent intervals, either in schools or by his home physician.

DR. FREEMAN: The other day I was reading, Dr. Coburn, about the incidence of rheumatic fever among the Mexican Indians. It seems that this group of individuals which has a rather restricted diet but which is supposed to have a climate which is *not* conducive to disease, has one of the highest incidences of rheumatic fever anywhere in the world. Would you elaborate on the contributory factors to the susceptibility of rheumatic fever?

DR. COBURN: Dr. Freeman, there are a number of contributory factors.

First, we believe that there is an hereditary factor, just, perhaps, as there is in diabetes mellitus. Only a small percentage of persons has the capacity to develop rheumatic fever, or, shall we say, is susceptible to rheumatic fever.

Then, there is probably a factor of nutrition or other environmental factor in early life.

The third factor, which is the factor that precipitates the disease and which we seem to know most about at the present time, is the factor of infection. There we can identify an infectious agent as Group A hemolytic streptococcus.

Now I am not acquainted with the information which you have just given us about the Indians in Mexico. Of course, Mexico is a varied terrain and one can be in the mountains of Mexico and have a climate comparable to a temperate climate.

Factors Are Diverse

MR. BUCHANAN: Moving on from rheumatic fever to other types of heart disease, I think you have intimated, Dr. Freeman, that in certain cases our heart and our blood vessels may just wear out with old age. Is that possible?

DR. FREEMAN: Some individuals accept the viewpoint that heart disease isn't actually a disease in the specific sense of the word, but probably that viewpoint isn't justified in a great many instances. I am referring now particularly to coronary disease. We see instances of coronary disease in individuals in their late 20's, 30's, 40's, 50's, 60's, etc. The incidence is higher as the individuals grow older, but the fact that it does occur in some of these younger age groups even to a slight degree suggests the fact that it may be a definite metabolic disturbance.

MR. BUCHANAN: What would bring it on in a younger person? Something he does?

DR. FREEMAN: I might ask you what would bring on diabetes or gout. And since this falls in the same category,

we simply have to accept the fact. Although we don't understand the factors that may bring it about, nevertheless, it may have a constitutional basis. Heredity also plays a factor.

When this disease process begins, it generally seems to be manifested by the deposit of fat beneath the lining of the blood vessel wall. As fat accumulates, certain tissue changes occur. The vessels are narrowed; they are reduced in their capacity to carry blood or to relax in response to various stimuli. The lining of the vessels may become roughened and thereby give rise to circumstances that lead to clot formation. Hemorrhage may occur in one of these fatty degenerate areas and precipitate an acute heart attack.

Angina Pectoris

MR. BUCHANAN: What about other types, angina pectoris, for instance, Dr. Fenn. Just what is that?

DR. FENN: Of course the two words, *angina pectoris*, mean pain in the breast. And pain in the breast is frequently a symptom of heart disease. I don't think angina pectoris should be classed as a disease. It is a symptom of a disease.

MR. BUCHANAN: Could it lead to the other term that comes to my mind, coronary thrombosis?

DR. FENN: Yes, it could. Angina pectoris is a symptom of coronary thrombosis. A very severe pain in the breast ordinarily accompanies coronary arterial disease. So, angina pectoris is, as I say, a symptom of coronary artery disease. However, one may have pain in the breast from other causes.

DR. FREEMAN: Dr. Fenn, there seems to be a difference of opinion among authorities as to what extent coronary disease is associated with vocation or profession or general habits of life of the individual. Some individuals have said that coronary heart disease was a physician's disease; others have said it was relatively infrequent in

laborers and individuals who do manual labor in general. Is there a vocational influence in the likelihood of this disease arising?

DR. FENN: I think that it has been thought to be a vocational disease, but I don't think a search of statistics will bear that out. The life insurance companies show that the incidence of deaths from coronary artery disease is just as great in the general population as it is among executives or vice-presidents of banks. Certainly the American Medical Association statistics show that the death rate of doctors from coronary artery disease is the same as it is in the general population. I think perhaps the prominent executive gets more newspaper space when he suddenly dies from coronary disease, but it is very doubtful if there is a difference in the incidence of the disease among different classes of people.

DR. COBURN: Dr. Fenn, you keep mentioning executives and doctors. I wonder whether the coronary disease is more prevalent among men than women.

Occurrence in Men and Women

DR. FENN: Nobody will argue about that. It is much more common among men than women.

MR. BUCHANAN: What is the cause of that, Dr. Fenn?

DR. FENN: That would be a long discussion. Why do women outlive men in the ratio they do anyhow?

DR. FREEMAN: In general, women get coronary sclerosis or any vascular degeneration to a lesser extent and later in life than men do. And there is a difference between vascular degeneration and incidence of coronary disease.

MR. BUCHANAN: Vascular degeneration is what you were talking about a moment ago when you said the vessels were affected?

DR. FREEMAN: That's right. Coronary disease is a phase of vascular degeneration. According to the risks of

appraisals, 20 to 30% of all men more than 40 years of age have coronary disease to some degree.

MR. BUCHANAN: But it is not too dangerous up to the point where it actually results in death?

DR. FREEMAN: No. That comes back to my point: You have to do your worrying years before, because this degeneration may take place over a period of years. When you go to the doctor with a heart disease, the damage may already be done, and the conduct which might have changed the course of events cannot be altered.

'Something Can Be Done'

DR. FENN: Even if the damage is done, it still is possible to do something about it. I don't want Dr. Freeman to leave the public thinking that, if something happens, nothing can be done, because something *can* be done.

DR. FREEMAN: Yes, but prevention is always greater than the cure.

DR. FENN: Granted!

DR. COBURN: I would like to go back to Dr. Freeman's statement about worry and change the word, *worry*, to intelligent concern. If one has intelligent concern and understanding of these things, he goes to his physician. Still I claim it is wise to let the physician worry, not have the patient worry himself.

DR. FREEMAN: Granted!

MR. BUCHANAN: What treatment is there for heart disease—any of these diseases—once contracted, Dr. Fenn?

DR. FENN: There are certain types of heart disease which have specific treatment. Certain types of congenital heart disease can be cured—at least greatly benefited—by surgical procedure.

Bacterial endocarditis — the term you objected to a few moments ago—was a disease fatal in 100% of the cases some ten years ago. Now it is fatal in perhaps 10% of the cases or 20% at the outside, and should be less than that because of certain

methods of treatment which have been devised.

I have mentioned syphilitic heart disease, which shouldn't occur any more if intelligent treatment is carried out.

There are three examples of specific treatment of certain types of heart disease. Beyond that the treatment would tend to be rather general.

Preventions and Cures

MR. BUCHANAN: If that is the situation, are we still looking for new preventions and what we might call cures, Dr. Freeman?

DR. FREEMAN: Yes, indeed, and that is where the real progress needs to be made. We have no adequate means at the present time of determining whether or not an individual has coronary disease in its incipient form at a time when we might be most able to reverse or do something about it. And we haven't the adequate facilities for determining just what causes the fat to be deposited beneath the vessel wall or the other changes to occur. A great deal of study needs to be done along these lines.

MR. BUCHANAN: Dr. Coburn, you indicate that rheumatic fever is still rather unsolved. Is it running behind in research?

DR. COBURN: I don't know that it is *running behind* in research. There have been so many problems that research had to conquer which were given a higher priority, Mr. Buchanan

—pneumonia, for example, meningitis, many acute and epidemic types of infections.

Now, in the last few years those infections have come under control due to the chemotherapeutic infections and antibiotic agents. Little has been given to rheumatic research in the past. During the last few years, however, since the end of the war, I think that a great deal more thought has been given to research in rheumatic fever.

MR. BUCHANAN: That brings us back to your point of thinking about the disease, Dr. Fenn. What can the person do individually about research?

DR. FENN: All the public can do now is to contribute funds and insist that its funds are wisely spent.

MR. BUCHANAN: You seem to have answered the general question, *Should you worry about heart disease?*, affirmatively, gentlemen. We all should worry, not in the active sense of stewing and fussing about susceptibility to heart disease, but in the sense of realizing the tremendous problem at hand and working toward a solution of that problem.

In that case, individual action—which undoubtedly will grow into collective action—toward dissemination of knowledge about heart disease, toward increased research, and toward application of the facts learned in research may be the best answer to our question.





Suggested Readings

Compiled by Laura R. Joost, Assistant,
Reference Department, Deering
Library, Northwestern University



BLAKESLEE, HOWARD *Know Your Heart*. New York, Public Affairs Committee, 1948. (Public Affairs Pamphlet No. 137)

Excellent presentation for the layman of the machinery of the heart, its ills, and progress in their prevention.

STEINCROHN, PETER JOSEPH *Heart Disease is Curable*. New York, Doubleday, 1943.

For the heart patient: Common sense rules and regulations for a happier and longer life.

Chicago Heart Association, Inc. Bulletin 26:3-6, Ja.-Je. '48. "Mode of Life and the Development of Heart Disease: Research for a Preventive Hygiene." ANCEL KEYS.

The Minnesota project for research in heart diseases holds out much hope for closer definition of causes and cures of heart diseases.

Hygeia 26:92-3, F. '48. "Straight Facts About Heart Disease."

Heart disease, the most important single cause of death today, comes to more people because it eventually comes to all who live long enough. With modern drugs and medical knowledge, people suffering from heart disease need not fear an early death.

Hygeia 26:724-5, O. '48. "Freedom for the Heart Patient." J. A. BRUSSEL.

Treatment for people with heart disease now advocates moderation in eating, drinking, and emotional outbursts. Comfort of the heart patient, physical and mental, speeds his recovery to normal life.

Hygeia 26:803, N. '48. "Life Insurance Fights Heart Disease." V. MOORE.

Report for the layman on the organized research into heart disease sponsored by 151 life insurance companies.

Hygeia 26:874-5, D. '48. "Heart Failure and Heart Attacks." W. C. WINDSOR.

Diseases of the heart, including heart failure and heart attacks, are serious affairs requiring intelligent cooperation with the physician, but they are not necessarily incompatible with long life.

Newsweek 31:51, Je. 28 '48. "For Tired Hearts."

Report on new drugs and treatment for prolonging life of the patient with heart disease.

Reader's Digest 53:101-3, S. '48. "Heart-to-heart Advice About Heart Trouble." C. M. COOPER.

Timeless advice given by a physician to his patient who has survived a heart attack.

Science News Letter 54:5, Jl. 3 '48. "New Facts on Heart Ills."

Notes on recent observations of patients with heart ailments.

This Week p. 10, My. 25 '47. "Will Your Heart Hold Out?" HARRIET HESTER.

What medical science is doing to battle heart disease. Heart disease need not mean an early death.

Yale Review ns 38 no. 2:283-99, D. '48. "Challenge of Heart Disease." H. M. MARVIN.

A searching article describing the five general types of heart diseases, their known causes, and a little about some of the research that has begun to show results in relief of certain heart ailments.

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